

Application Data Sheet

Application Information

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|-------------------------------------|--|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | WERKWIJZE VOOR HET VORMEN VAN EEN KUNSTSTOFPLAAT ALSMEDE KLEM DAARVOOR |
| Attorney Docket Number:: | 2001-1272 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 2 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: JAAP
Middle Name:: WILLEM
Family Name:: VAN INGEN
City of Residence:: KAMPEN
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing HOFSTRAAT 112
Address::
City of Mailing Address:: KAMPEN
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS
Postal or Zip Code of Mailing Address:: NL-8216 BW

Applicant Authority Type:: Inventor
Primary Citizenship Country:: THE NETHERLANDS
Status:: Full Capacity
Given Name:: MICHAEL
Middle Name:: LAURENCE SYLVESTER
Family Name:: WIELANDT
City of Residence:: HAARLEM
State or Province of
Residence::
Country of Residence:: THE NETHERLANDS
Street of Mailing BOERHAAVELAAN 858
Address::
City of Mailing Address:: HAARLEM
State or Province of Mailing Address::
Country of Mailing Address:: THE NETHERLANDS

Postal or Zip Code of Mailing Address:: NL-2035 RC

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|----------------------|-------------------------|-------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-------------|-------------------------|---------------|-----------------------|
| NETHERLANDS | 1021087 | 7/16/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::